PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

10765581

	CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY	
T	OTAL CLAIMS	16					RATE	FEE	٦ ``	RATE	FEE	
F	OR'	NUMBER FILED		NUMBER EXTRA			BASIC FEE		OB	BASIC FEE		
T	OTAL CHARGE	16 minus 20=		* Ø			X\$ 9=	ļ	1	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ļ	
	DEPENDENT C				*			·	ļ	OR		
MULTIPLE DEPENDENT CLAIM PRESENT								X43=	301	OR	X86=	
┞								+145=		OR	+290=	
*1	* If the difference in column 1 is less than zero, enter "0" in column 2						'	TOTAL	686	OR	TOTAL	
	C	(Column 1)			nn 2) . (Column 3)			SMALL	ENTITY	ÖR	OTHER SMALL	
AMENDMENT A	<u></u>	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ş	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		= .		X43=		OR	X86=	
-	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	+145=		OR	+290=	
1	1,3,5,7,9,12,13,14,15,16,							TOTAL			TOTAL	
		(Column 1)		ODIT. FEE	·-··	1	ADDIT. FEE					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
S S	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	· 	=		X43=		OR	X86=	
	FIRST PRESE	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+145=			+290=	
										OR	TOTAL	•
ADDIT FEE L. ADDIT FEEL												
AMENDM SNT C		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOL PAID F	ST ER USLY	(Column 3) PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	k+		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		= .		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		ı		·
• ((* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR [+290=	
** (** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3; enter "3."								!	OR A	TOTAL DDIT, FEE	
		ber Previously Paid					foun	d in the appr	opriate box	in colu	mn 1.	ļ